



Omniphas Pharmacy
4016 Main Street
Suite 100
Houston, Texas 77002
(713) 874-0310 phone
(800) 366-0368 toll free
(713) 874-0314 fax

May 8, 2014

VIA FAX

Matt Bruno
Investigator, FWA Services
Express Scripts, Inc.
One Express Way
St. Louis, MO 63121
Fax No.: (800) 570-1638

RE: Audit Request For:

Rx	DOF	Rx	DOF
105661	4/25/14	104335	3/31/14
105653	4/25/14	103159	2/28/14
105167	4/15/14	102164	2/18/14
104183	3/28/14	102687	2/11/14
105454	4/21/14	100967	2/21/14
104653	4/7/14	102492	2/18/14
105347	4/17/14	102490	3/19/14
103284	3/5/14	105464	4/21/14
105699	4/25/14	100690	2/14/14
103779	3/18/14	101312	2/20/14

Dear Mr. Bruno,

In connection with your audit request, dated May 1, 2014 and received on May 3, 2014, concerning the above-referenced prescriptions, please find enclosed the following documents:

1. Front and back of the audited prescriptions.
2. Signature/shipping log entries for the dispensed fills.
3. Copies of the receipts for collected co-pays for the following prescriptions:
 - Rx 104335, fill date 3/31/14 (paid by check)
 - Rx 102492, fill date 2/18/14 (paid by check)
 - Rx 102490, fill date 3/19/14 (paid by check)
 - Rx 101312, fill date 2/20/14 (paid by cash)

GX213.001

GOVERNMENT
EXHIBIT
213
4:18-CR-368

DOJ_18CR368-0074430
DOJ_18CR368-0074430-1

Note that we have reversed two of the audited prescriptions' claims:

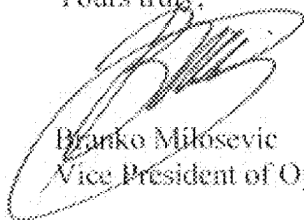
- Rx 105661 was not filled and was reversed on 4/29/14 due to the fact that the patient couldn't afford the payment of a co-pay; and
- Rx 105699 was reversed on 5/7/14 due to the fact that the patient has not picked up the shipped medication after the third delivery attempt (a FedEx tracking sheet is enclosed for your information).

It is our policy that we charge our patients their respective co-pays. Each dispensed medication is accompanied with an invoice for the respective co-payment not collected at the time of service (for your information, copies are enclosed with the audited prescriptions). Patients who cannot afford to make a payment of their co-payment in full are offered an installment payment arrangement. In view of that, for each of those patients, we have created respective accounts receivable account in our file. As of today, the audited prescriptions' accounts are current.

Finally, as we had previously advised Express Scripts, Inc., during the month of March 2014, our pharmacy changed its business name and location. The new name is OmniPlus Pharmacy and the address is 4916 Main Street, Suite 100, Houston, Texas 77002.

Should you have any questions, please do not hesitate to contact us at (713) 874-0300.

Yours truly,



Branko Milosevic
Vice President of Operations

Enclosures

Patient		DOB		Insurance Info	
Zean Buckingham		[REDACTED]		Carrier:	
Home Phone		Cell Phone		Bin#	
Address				PCN#	
City		State		Group #	
Houma		TX		Workers Comp	
Allergies		Diag		Yes	
		forehead scar		No	
				DOI	
				Claim #	

General Pain / Inflammation

- ☐ GPI-2
- Ibuprofen 1%
 - Flurbiprofen 0.5%
 - Cyclobenzaprine 2%
 - Lidocaine 2%

(Dispensing Quantity: 300mls OR Other Quantity)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mls. Refill:)

Back & Radicular Pain

- ☐ BRP-3
- Lidocaine 0.2%
 - Gabapentin 5%
 - Flurbiprofen 10%
 - Lidocaine 2%

- ☐ BRP-4
- Gabapentin 5%
 - Clonidine 0.1%
 - Diclofenac 2%
 - Lidocaine 2%
 - Pentoxifylline 2%

(Dispensing Quantity: 300mls OR Other Quantity)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mls. Refill:)

Neuropathic & Chronic Pain

- ☐ NCP-5
- Ibuprofen 1%
 - Gabapentin 5%
 - Imipramine 3%
 - Mefenamic 2%
 - Lidocaine 0.5%

- ☐ NCP-6
- Ibuprofen 1%
 - Cyclobenzaprine 2%
 - Flurbiprofen 10%
 - Gabapentin 5%

(Dispensing Quantity: 300mls OR Other Quantity)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mls. Refill:)

- ☐ NCP-7
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 5%
 - Lidocaine 2.5%

- ☐ NCP-9
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 5%
 - Lidocaine 2%
 - Diclofenac 3%

(Dispensing Quantity: 300mls OR Other Quantity)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mls. Refill:)

Specialty

- ☒ SCAR
- Fluocinonyl Propionate 1%
 - Leucovorin (Hydrocortisone) 1%
 - Pentoxifylline 0.5%
 - For pain relief only
 - Ibuprofen 3%
 - Gabapentin 15%

- ☐ DERM-2: TOPICAL ANTI FUNGAL CREAM
- Fluocinonyl 1%
 - Fluocinonyl 2%
 - Penicillin 0.5%
 - Lidocaine 2%
 - Hydrocortisone 2%

- ☐ DERM-3: ANTI FUNGAL NAIL LOTION
- Fluocinonyl 1%
 - Fluocinonyl 2%
 - Itraconazole 10%

- ☐ DERM-5: CONTACT DERMATITIS
- Fluocinonyl 1%
 - Methylcobalamin 0.02%
 - Coenzyme Q10 4%
- ☐ Contact Dermatitis with pain relief
- Lidocaine 2%
 - Hydrocortisone 2%

- ☐ DERM-6: PSORIASIS
- Fluocinonyl 1%
 - Methylcobalamin 0.02%
 - Coenzyme Q10 2.4%
 - Vitamin D3 0.03%
 - Itraconazole 0.012%

- ☐ DERM-7: PLANTAR FASCIITIS
- Diclofenac 5%
 - Baclofen 2%
 - Fluocinonyl 1%
 - Lidocaine 2%
 - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mls OR Other Quantity)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mls. Refill:)

Metabolic Supplements

- ☐ MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS

Co Q10 100mg
Alpha Lipic Acid 500mg
N Acetyl Cysteine 250mg
Vit D3 1000 IU

- ☐ MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS

Methylcobalamin 400ug
Pyridoxal-5-Phosphate 100mg
B6/THF 50ug

(Dispensing Quantity: 300mls OR Other Quantity)

(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mls. Refill:)

Alternative SIG:

Apply 1-2 pumps to affected area 2-4 times a day

Prescriber Name:

V. REDKO, M.D.

NPI # 1302344659

Lic. #:

01366

DEA #:

BR0522284

Address:

6560 Fannin Houston, TX 77030

Phone #:

713-790-1400

Fax #:

[REDACTED]

Signature (Note: Manual Signature Required for CS)

[Signature]

Date:

1/30/14

ALTERNATIVE MEDICINE AND PHARMACY

2401 DOWNING ST., HOUSTON, TX 77054 713-874-8360

Do not supply without pharmacist's review. Otherwise, it is illegal.

Location: 2401 Downing St., Suite 200 Houston, TX 77054

Rx 102490 VLADIMIR REDKO DR.
EVAN BUCKINGHAM

6550 FANNIN, SUITE 2020 HOUSTON, TX 77055

SCAR GEL, GEL

550 ML 1.0% (0120001401) Discard after 7/28/2014

Apply 1 to 2 pumps to scar 3 to 4 times daily. ***1 pump
= 1.5mls***

Rx ID 8 refills before 1/30/2015 2/3/2014

FLUTICASON, 50g POCA LEVOBETHELINE

50g POCA PENTOXIFYLLINE 50g MEDISCA

PHENOCANE HYDROCHLORIDE USP 50g MEDISCA

GABAPENTIN 50g MEDISCA PRADACH, PLUS

50g POCA


102490 2/3/2014 CHINTALAPALLY, R MEDCO 610014
 EVAN BUCKINGHAM 6550 FANNIN, SUITE 2020 HOUSTON, TX 77055 (713) 786-1400
 SCAR GEL, GEL \$8,397.00
 Apply 1 to 2 pumps to scar 3 to 4 times daily. ***1 pump = 1.5mls***
 6550 FANNIN, SUITE 2020 HOUSTON, TX 77055 (713) 786-1400
 Refills: 1

Alternative Medicine & Pharmacy

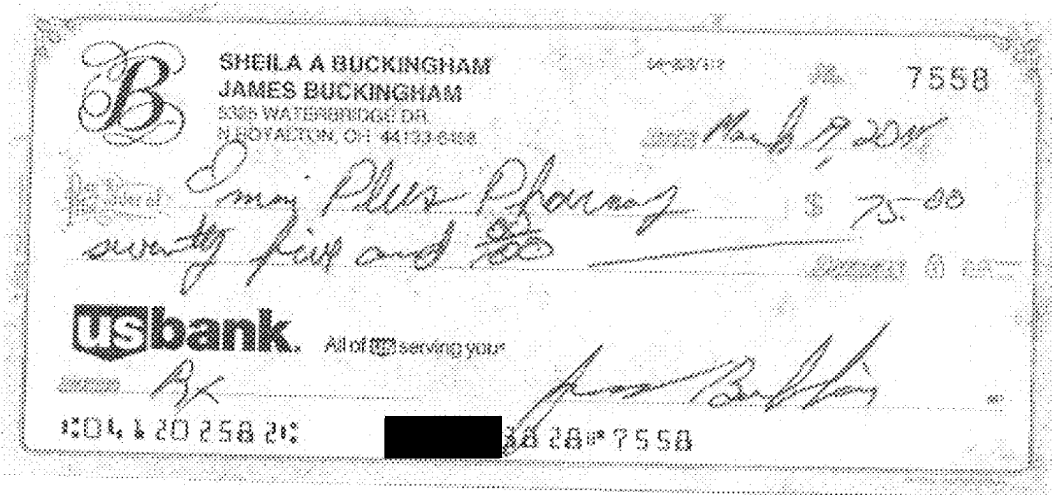
4401 Dowling St Houston TX 77004 Ph: 713-874-0300 Fx: 713-874-0314

Prescription Delivery/Pick Up Log

Pick Up Sticker	Pt Signature	Counseling Accepted RPH Initials	
		Yes	No

<p><i>2</i></p> <p>Signature Log</p> <p>EVAN BUCKINGHAM</p> <p>1550 FANNIN, SUITE 2020 HOUSTON, TX 77004</p> <p>Rx 102490</p> <p>9/15/2014</p>			
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Redacted due to HIPAA



Remit payment to:

OMNIPLUS PHARMACY
4916 MAIN ST, STE 100
HOUSTON, TX 77002
713-874-0300

PAYMENT MEMO

Page 1

Date printed: March 19, 2014

EVAN BUCKINGHAM
6360 FANNIN, SUITE 2020
HOUSTON, TX 77030

PICK UP

Billing address

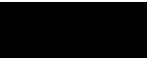
Shipping address

Account No. 101940
Phone (713)790-1400
Fax

Date	Inv./Ref. No.	Description	PO Number	Charges	Credits
3/19/2014	108009 PAY.	Payment chk #7558 Payment on account			\$75.00

Invoice Total	\$75.00
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If you need to discuss your payment options, please contact us at (713) 874-0300.

Patient		DOB		Insurance Info	
<i>Alfreda Burkhardt</i> Home Phone <i>713-790-1400</i> Cell Phone _____				Carrier _____	
Address <i>6560 Fannin St Houston, TX 77030</i>		State <i>TX</i> Zip <i>77030</i>		PCNs _____	
City <i>Houston</i>		Allergies _____		Group # _____	
Diag. <i>Neuralgia</i>		Workers Comp _____		Yes _____ No _____	
		DOI _____		Claim # _____	

General Pain / Inflammation

- ☐ **GPI-2**
- Ibuprofen 1%
 - Flurbiprofen 20%
 - Cyclobenzaprine 0%
 - Baclofen 2%

(Dispensing Quantity: 30mLs OR Other Quantity: _____)
 (DO: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs. Refills: _____)

Back & Radicular Pain

- ☐ **BRP-3**
- Clonidine 0.2%
 - Gabapentin 8%
 - Flurbiprofen 10%
 - Lidocaine 2%
- ☐ **BRP-4**
- Gabapentin 6%
 - Clonidine 0.1%
 - Oxycodone 2%
 - Lidocaine 2%
 - Fluorobenzocaine 2%

(Dispensing Quantity: 30mLs OR Other Quantity: _____)
 (DO: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs. Refills: _____)

Neuropathic & Chronic Pain

- ☐ **NCP-5**
- Baclofen 2%
 - Gabapentin 5%
 - Imipramine 3%
 - Nifedipine 2%
 - Lidocaine 2.5%
- ☐ **NCP-8**
- Baclofen 2%
 - Cyclobenzaprine 0%
 - Flurbiprofen 10%
 - Gabapentin 6%

(Dispensing Quantity: 30mLs OR Other Quantity: _____)
 (DO: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs. Refills: _____)

- ☐ **NCP-7**
- Flurbiprofen 20%
 - Baclofen 2%
 - Cyclobenzaprine 0%
 - Gabapentin 6%
 - Lidocaine 2.5%
- ☐ **NCP-6**
- Baclofen 2%
 - Cyclobenzaprine 2%
 - Gabapentin 6%
 - Lidocaine 2%
 - Oxycodone 2%

(Dispensing Quantity: 30mLs OR Other Quantity: _____)
 (DO: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs. Refills: *H*)

Specialty

- ☒ **SCAR**
- Fluorobenzocaine 1%
 - Lidocaine Hydrochloride 2%
 - Fluorobenzocaine 0.5%
 - For painful scars add:
 - Pramoxine 2%
 - Gabapentin 15%

- ☐ **DERM-2: TOPICAL ANTI FUNGAL CREAM**
- Fluorobenzocaine 1%
 - Fluconazole 2%
 - Fluorobenzocaine 0.5%
 - Lidocaine 2%
 - Hydroxyzine 2%

- ☐ **DERM-3: ANTI FUNGAL NAIL LOTION**
- Fluconazole 1%
 - Fluconazole 2%
 - Urea 15%

(Dispensing Quantity: 30mLs OR Other Quantity: _____)
 (DO: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs. Refills: _____)

Metabolic Supplements

- ☐ **MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS**
- Co-Q10 75mg
 - Alpha Lipoic Acid 30mg
 - N-Acetyl Cysteine 250mg
 - Vit D3 1000 IU

- ☐ **MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS**
- Methylcobalamin 40mg
 - Pyridoxal-5-Phosphate 100mg
 - 5-MTHF 5mg

(Dispensing Quantity: 30mLs OR Other Quantity: _____)
 (DO: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs. Refills: _____)

Alternative Site: Apply 1-2 pumps to affected area 3-4 times a day V.O.

Prescriber Name: *V. REDKO, M.D.* NPI # *1306844659*

Lic. #: *21368* DEA# *BR0522384*

Address: *6560 Fannin Houston, TX 77030*

Phone #: *713-790-1400*

Fax # _____

Signature (Note: Manual Signature Required for OS)

[Signature]

Date: *1/30/11*

ALTERNATIVE MEDICINE AND PHARMACY

4401 DOWLING ST., HOUSTON, TX 77004 713-674-0300

The two drugs showed no significant differences in the

Question: Individuals protect their families of life, dignity and other persons that, without his species protection

Rx 102492 VLADIMIR BECKO DR.

ALEXA BUCKINGHAM
6601 FARMER, SUITE 3000 HOUSTON, TX 77030

SCAR GEL GEL
100 ML. Lot 247322 (4/4) DocId: 7040014

Apply 1 to 2 pumps to scar 3 to 4 times daily. ***1 pump = 1.5ml's***

RC ID 8 refills before 1/30/2015 2/3/2014

FLUTICASONE 125g, FCA, LEVOCETHIRONE

Mg.PCA PERITONITIS Mg.MEDICA
Mg.CALCULI PERITONITIS

PRILDOXINE HYDROCHLORIDE USP 100 mg TABLETS
NABUCCO 100 mg TABLETS 100 mg TABLETS

GRANDEZINHA - RUA DEBORA PRACAZA, 136
Bairro: BOCA

100% POLYURETHANE

102482 9/2/2014 CRINTALAPALLY, R MEDCO 810014
ALEX A BUCKINGHAM 26231687 (713) 788-1808
6800 FARMER BLVD 2025 HOUSTON TX 77036
15010
SCARIEL DEL \$8,357.00
*** 3 to 4 more days ***
Good FARMER Doc 9/2/2014 (713) 788-1808
Page 14

100

...and a path with a slope of 100%.

Alternative Medicine & Pharmacy



4401 Dowling St Houston TX 77004 Ph: 713-874-0300 Fx: 713-874-0314

Prescription Delivery/Pick Up Log

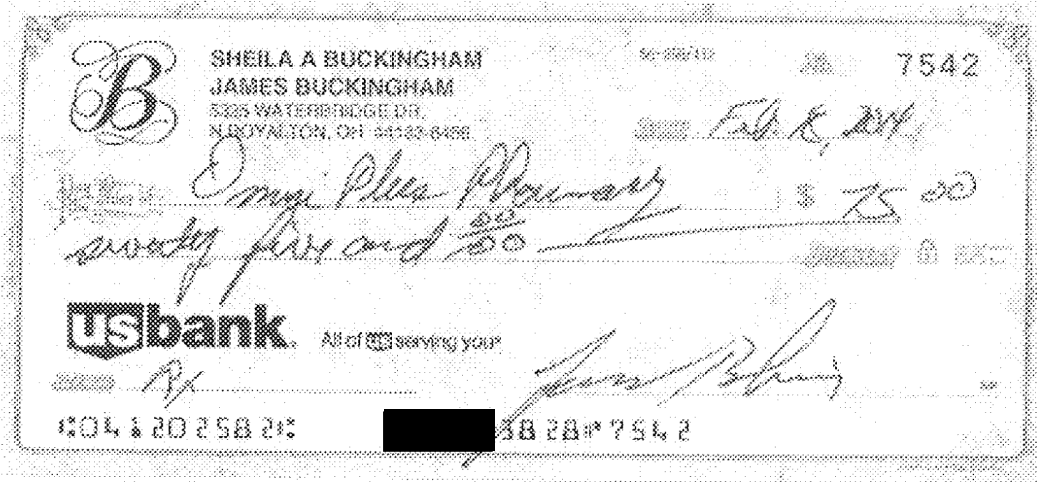
Pick Up Sticker	Pt Signature	Counseling Accepted RPH Initials	
		Yes	No

*Reflected
due to HIPAA*

Signature Log

	<p>ALEXA BUCKINGHAM</p> <p>4401 DOWLING ST STE 200 HOUSTON, TX 77004 MEDCO 810014</p> <p>Rx 102492</p> <p>07/14/2014</p>			
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Signature Log



Remit payment to:

ALTERNATIVE MEDICINE AND PHARMACY
4401 DOWLING ST HOUSTON, TX 77004
713-874-0300

PAYMENT MEMO

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Date printed: February 18, 2014

ALEXA BUCKINGHAM
6560 FANNIN, SUITE 2020
HOUSTON, TX 77030

PICK UP

Billing address

Billing address

Account No. 101942
Phone (713)790-1400
Fax

Date	Inv./Ref. No.	Description	PO Number	Charges	Credits
2/18/2014	107957 PAY.	Payment chk #7542			
		Payment on account			\$75.00

Invoice Total **\$75.00**

If you need to discuss your payment options, please contact us at (713) 874-0300.